

NEW JERSEY DEPARTMENT OF INSURANCE  
LICENSE PROCESSING  
CN-327—20 W. STATE STREET  
TRENTON, NEW JERSEY 08625-0327

**APPLICATION FOR INITIAL  
(RESIDENT OR NON-RESIDENT)  
ORGANIZATION  
(CORPORATION/PARTNERSHIP)  
PUBLIC ADJUSTER LICENSE**

**A. IDENTIFYING INFORMATION:**

Full legal name of organization:

\_\_\_\_\_  
\_\_\_\_\_

Trade name, if any:

\_\_\_\_\_  
\_\_\_\_\_

Attach a copy of the certificate of incorporation or partnership document stamped "FILED" by County Clerk, Secretary of State, or other recording authority.

**B. BUSINESS INFORMATION:**

Business Address: If your Business Address is located in New Jersey, then you are a Resident Applicant.

Room No. \_\_\_\_\_ Suite No. \_\_\_\_\_ Apt. No. \_\_\_\_\_

\_\_\_\_\_  
Street Address

P.O. Box No. \_\_\_\_\_

You must supply a street or location address; a P.O. Box alone is not sufficient. The City, State and Zip Code must reflect the location of the P.O. Box.

\_\_\_\_\_  
City State Zip Code (include +4, if known)

\_\_\_\_\_  
County (If NJ Resident)

Federal ID Number: \_\_\_\_\_ - \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Area Code

Telefax Number, if any: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Area Code

NON-RESIDENTS ATTACH A CERTIFICATION OF CURRENT LICENSE STATUS ISSUED BY LICENSING AUTHORITY IN HOME STATE.

**C. IDENTIFICATION OF ALL OFFICERS, PARTNERS, DIRECTORS AND MEMBERS OF THE FIRM.**

(Please Print Clearly or Type)

1. Name \_\_\_\_\_  
LAST, FIRST MI (Example: SMITH, JOHN A)

Are you currently or have you ever been licensed in New Jersey? YES ☐ NO ☐

If yes, NJ License Reference Number:           

Date of Birth: 



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 - 



 / 



 / 



  
Mo. Day Year

2. Name \_\_\_\_\_  
LAST, FIRST MI (Example: SMITH, JOHN A)

Are you currently or have you ever been licensed in New Jersey? YES ☐ NO ☐

If yes, NJ License Reference Number: \_\_\_\_\_

Date of Birth:           -           -            
Mo. Day Year

3. Name \_\_\_\_\_  
LAST, FIRST MI (Example: SMITH, JOHN A)

Are you currently or have you ever been licensed in New Jersey? YES ☐ NO ☐

If yes, NJ License Reference Number: \_\_\_\_\_

Date of Birth:   -   -    
Mo. Day Year

4. Name \_\_\_\_\_  
LAST, FIRST MI (Example: SMITH, JOHN A)

Are you currently or have you ever been licensed in New Jersey? YES ☐ NO ☐

If yes, NJ License Reference Number: \_\_\_\_\_

Date of Birth:  -  -   
Mo. Day Year

5. Name \_\_\_\_\_  
LAST, FIRST MI (Example: SMITH, JOHN A)

Are you currently or have you ever been licensed in New Jersey? YES ☐ NO ☐

If yes, NJ License Reference Number: \_\_\_\_\_

Date of Birth:    -    -     
Mo. Day Year

ATTACH ADDITIONAL SHEETS IF NECESSARY

**At least one** officer, partner, director or member of the firm must hold an individual (sublicensee) New Jersey Public Adjuster License. Applications for initial individual and organization Public Adjuster Licenses must be submitted together.

- D. YOU MUST ATTACH two (2) passport size photographs and fingerprint card of both hands FOR EACH OFFICER, PARTNER, DIRECTOR AND MEMBER OF THE FIRM. FINGERPRINT IMPRESSIONS MUST BE TAKEN BY LAW ENFORCEMENT AUTHORITIES, CONTACT YOUR LOCAL POLICE DEPARTMENT.**

**ATTACH PERFORMANCE BOND (Minimum \$10,000 for the organization and each licensed officer, partner, director or member of the firm) AS REQUIRED BY N.J.S.A. 17:22B-12.**

**E. YOU MUST ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX:**

1. Have you (or any officer, partner, director or member of the firm) ever been arrested, indicted or convicted of a crime, misdemeanor or disorderly person offense in this State, any other state, or by the federal government or are such proceedings pending against you?

☐ Yes      ☐ No

If yes, attach a certified copy of the indictment or judgment of conviction, which may be obtained from the clerk of the court where the conviction was entered or the case is/was pending.

2. Have you (or any officer, partner, director or member of the firm) ever had any business or professional license suspended or revoked or are such proceedings pending against you?

☐ Yes      ☐ No

If yes, attach a copy of order seeking or granting suspension or revocation issued by the professional or governmental authority.

3. Are you (or any officer, partner, director or member of the firm) indebted (other than accounts current) to any insurance company, producer or insured or has any judgment been rendered against you, which has not been satisfied or vacated, for money received from or owed to any insurance company, producer or insured?

☐ Yes      ☐ No

If yes, attach copy of judgment.

4. Have you (or any officer, partner, director or member of the firm) ever received any civil penalty or fine, or been required to provide restitution to any person, pursuant to any unfair trade practice statute, consumer fraud or consumer protection statute; insurance fraud statute or similar statute in this State, any other state or by the federal government; or are any such complaints or lawsuits presently pending against you?

☐ Yes      ☐ No

If yes, attach complete written explanation and a copy of the final disposition document, if any.

**F. I/WE HEREBY CERTIFY THAT:**

1. All of the information submitted in this application and all attachments is true and complete. I am/We are aware that submitting false information in connection with this application is grounds for denial or revocation of license and may subject me/us to other civil or criminal penalties.
2. I/WE give the New Jersey Department of Insurance permission to verify any information supplied with any federal, state or local government agency.
3. As a licensed officer/partner of the organization I understand that I am individually and jointly responsible for the conduct of the organization.

Must be signed by all licensed officers and partners identified in section C of a previous page.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

**G. FEES:**

License Fee	\$300.00
Application Processing Fee	\$ 20.00
Fingerprint Check Form Fee	\$_____ (\$49.00 × Each Set of Two Fingerprint Forms)
Total Fee \$_____	

Attach **one** check or money order for the total fee as calculated above, made payable to "State Treasurer of New Jersey."